

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38569

1. PLACE OF DEATH

County Randolph
 Township Sappington
 City St. Louis (No. 1)

Registration District No. 733
 Primary Registration District No. 5967

File No. 38569
 Registered No. 38569

2. FULL NAME

Grace Elizabeth Dickerson
 (a) Residence, No. 1 St. 1 Ward. 1
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8. AGE

YEARS

MONTHS

DAYS

9. IF LESS than 1 day, hrs. or min.

OCCUPATION

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

11. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

12. Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

MOTHER FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. MAIDEN NAME

18. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

19. INFORMANT (ADDRESS)

20. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE Oct 9 1937

21. UNDERTAKER (ADDRESS)

22. FILED

Nov-10- 1937

Miss D A Baughart
 Registrar.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 7 1937
 I HEREBY CERTIFY, That I attended deceased from June 1937, to Oct 7 1937

I last saw him alive on Oct 6 1937 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis
Chronic appendicitis
1930

Other contributory causes of importance:

Name of operation Chronic appendicitis Date of 1930

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? ✓ Date of injury 1937

Where did injury occur? St. Louis
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify ✓

(Signed) H. H. Bragg M. D.

(Address) St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

